FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MA FARMS INC.	00004865 (1))						
Principal Plac	e of Business	Mailing Address				-{		A 01101 0111 1001	
6300 HIGH RIDGE ROAD LANTANA FL		6300 HIGH RIDGE ROAD LANTANA FL			DO NOT WRITE IN THIS S	DACE			
						3. Date Incorporated or Qualified	-AUE		
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			11/06/1992 4. FEI Number Appli			
21		26				65-0371260 Not Ap			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 1			5 Certificate of Status Desired \$8.75 Additional			
27 27 City & State City & State			- 					Required	
23	e	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip				niry		8. This corporation owes or has paid the curr			
24	25	29	30				Yes	□ No	
-2	9, Name and Address of Curr	rent Registered Agent		221		10. Name and Address of New Registered A	gent		
TSIOTIS, PAUL				B1	Name				
6300 HIGH RIDGE ROAD			Ì	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
LA	ntana fl			83					
				1					
				84	City	FL	85 Z	?ip Code	
office or agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obli- signature typed or printed name of registered.				the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the appoint of the purpose of the p	intment	as registered	
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TiT	1.1 THILE			Chang	ge Addition	
NAME	TSIOTIS, PAUL		1.2 NA						
STREET ADDRESS	6300 HIGH RIDGE ROAD	The state of the s		1.3 STREET ADDRESS 1.4 CITY-ST-2IP					
CITY-ST-ZIP	LANTANA FL	DELETE	DELETE 2.1 TI		I-ZIP		Chang	ge Addition	
NAME		top receive	2.2 NA						
STREET ADDRESS			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-		T-ZIP				
TITLE	the state of the s		3.1 111	Lŧ			Chang	ge 🔲 Addition	
NAME			3.2 NA						
STREET ADDRESS	1.				ADDRESS				
CITY-ST-ZIP			3.4. CI		1 - ZIP		Chang	ge Addition	
NAME			4.1 Til 4. 2 N/			'	viiailij	אנייטיטיא ר"ד אי	
STREET ADDRESS	- 1 -				ADDRESS				
CITY-ST-ZIP	(t			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TIT	_			Chang	ge 🔲 Addition	
NAME			5.2 NA	ME.					
STREET ADDRESS			5.3 ST	REET.	ADDRESS				
CITY-ST-ZIP			5.4 CIT		-ZIP				
TITLE		☐ DELETE	61 TIT	LE.			Chang	ge 🔲 Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 4/11/90

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME